ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			09/04/(c)
O.I.P.E. CLASSIFIER		16	4130
FORMALITY REVIEW	W	61479	7-1
RESPONSE FORMALITY REVIEW			
	W	CH920	5-27

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	0	.... Objected

Claim Final	Original	Date		Claim Final	Original	Date		Claim Final	Original	Date
				51				101		
1				52				102		
2				53				103		
3				54				104		
4				55				105		
5				56				106		
6				57				107		
7				58				108		
8				59				109		
9				60				110		
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11				62				112		
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41				92				142		
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45				96				146		
46				97				147		
47				98				148		
48				99				149		
49				100				150		
50										

If more than 150 claims or 10 actions
staple additional sheet here

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